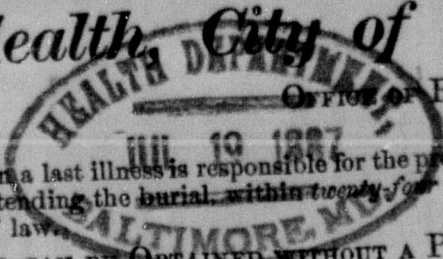


# Board of Health, City of Baltimore, 19

Permit No. A 1520



OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 17th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sabry James  
Thurmon

Sex, Male or Female, { cross out the word not required in this line. }

Age, About 70 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow ✓

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } St Marys County Md

Duration of Residence in the City of Baltimore, 4 years

Place of Death, { Give street and number } 805 Vincent Alley

Cause of Death { First, (Primary.) Apoplexy  
Second, (Immediate,) Stroke

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 19<sup>th</sup> 1887

Underliaker, St. V. Dungee

Place of Business, 180 East St Address, 1637 Edmondson

P. S. Field M. D. Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 1521 Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 18<sup>th</sup> 1887

Full Name of Deceased, David Holliday

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Sailor aboard Schr. W. & Gillard

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland - D. A. Co.

Duration of Residence in the City of Baltimore, 3 days

Place of Death, {Give Street and Number.} Accidentally drowned off foot of Hughes St.

Cause of Death, {First (Primary), Drowning  
Second (Immediate), Asphyxia}

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Commons Md

Date of Burial, July 19<sup>th</sup>

{ Undertaker, F. H. Trull } J. J. Flannery M. D.

{ Place of Business, 421 Hanover St } Address, 1701 St. Hill ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4769 Truesen [OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A 1522

Office of Registrar of Vital Statistics.

Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

B

Date of Death, July 19th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Petroff

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 64 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widower

Occupation, Weaver

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, one year and half

Place of Death, { Give Street and Number. } 514 Washington St

Cause of Death, { First (Primary), \_\_\_\_\_ Second (Immediate), \_\_\_\_\_ } Phthisis

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, St Paulus Cem.

Date of Burial, July 20th 1887

{ Undertaker, Leonhard Ritz

{ Place of Business, 414 S Broadway Address, \_\_\_\_\_

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 1523

Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 18<sup>th</sup> 1887

Full Name of Deceased, Mary N. Saunders,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Female

{ Cross out the word not required in this line. }

Age, 85 Years, 0 Months, 0 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Worden Co. Ind.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 40 years,

Place of Death, { Give Street and Number. } 217 Warren St.

Cause of Death, { First (Primary), Second (Immediate), } Old Age,

Exhaustion

Duration of Last Sickness,                     

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 21/1887

Undertaker, Anderson & Co.

R. J. N. Tall. M. D.

Medical Attendant.

Place of Business, 715 Light Address, 524 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 1524 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 18<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rebecca Hayward

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 88 Years, — Months, — Days,

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and now long in the United States, if of foreign birth. } Dorchester Co., Md.

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, { Give street and Number. } 118 Hamburg St., East

Cause of Death, { First, (Primary), Malarial Fever Second, (Immediate), Severe Prostration }

Duration of Last Sickness, 7 Days

AL the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 21/887

{ Undertaker, Chas. H. Jones } H. B. Webb M. D., Medical Attendant.

{ Place of Business, 315 Light } Address, 307 Warren St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A 1525 Office of Registrar of Vital Statistics.

Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 18<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Henry Rostmann

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 1 Years, 4 Months,    Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single ✓

Occupation,   

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Italy

Duration of Residence in the City of Baltimore,   

Place of Death, { Give Street and Number. } 802 W. N. H. St.

Cause of Death, { First (Primary), Second (Immediate), } Tubercular Meningitis  
convulsions

Duration of Last Sickness,   

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, July 20/87

{ Undertaker, Christoph P. P. P. } John A. P. M. D.

{ Place of Business, 715 Light } Address, 1937 E. P. P.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. 1526

Office of Registrar of Vital Statistics.

Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

B

Date of Death,

July 19<sup>th</sup> 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Margaret Wolking

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

Years,

3

Months,

3

Days

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

✓

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Balto. City

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

{ Give Street and Number. }

8802 Burgundy St  
Siamese

Cause of Death,

{ First (Primary),

Second (Immediate),

Marasmus

Duration of Last Sickness,

one month

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

July 20<sup>th</sup> 87

{ Undertaker,

Louis Wolking

{ Place of Business,

Burgundy St

Address,

96 Columbia Ave

J. Blum

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. 1527

Office of Registrar of ~~Vital~~ Statistics.

Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 18<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria Caddogan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 55 Years, — Months, — Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 33 Yrs

Place of Death, { Give Street and Number. } 911 Asquith Street

Cause of Death, { First (Primary), Second (Immediate), } Rheumatism  
Exhaustion

Duration of Last Sickness, abt 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 20<sup>th</sup> 1887

Undertaker, M. Caddogan

Place of Business, 227 Mulberry St Address, 927 East Balto St

Chas. M. Morfit M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

## Health Department, City of Baltimore.

Permit No. 1528

Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

July 18<sup>th</sup> 1887 10 P.M.

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Theresa Kelly

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

10

Months,

Days

Color,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birth Place,

State or country, and how long in the United States, if of foreign birth.

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give Street and Number.

304 N. Arlington Ave

Cause of Death,

First (Primary),

ventilation

Second (Immediate),

Cerebral meningitis

Duration of Last Sickness,

24 hours under treatment

All the above information should be furnished by the Physician.

Place of Burial,

St. Peters

Date of Burial,

July 19<sup>th</sup> 1887

Undertaker,

McCadogan

Place of Business,

227 Mulberry

Address,

A. H. Sargent

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



Board of Health, City of Baltimore,

Permit No.

A 1529

Office of Registrar of Vital Statistics.

Ward

8<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 18<sup>th</sup> 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

David M. Court

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

50

Years,

Months,

Days,

Color,

White

Married, Single, Widowed or Widower,

{ Cross out the word not required in this line. }

Occupation,

Laborer

Birthplace,

{ State or country, and how long in the United States, if of foreign birth. }

Ireland

Duration of Residence in the City of Baltimore,

32 years

Place of Death,

{ Give street and number. }

906 Hillman St

Cause of death,

{ First, (Primary), }

{ Second, (Immediate), }

Conjestion Stomach & Bowels

Duration of Last Sickness,

1 day

All the above information should be furnished by the Physician.

Place of Burial,

New Cathedral C<sup>m</sup>

Date of Burial,

July 20 1887

Undertaker,

Jas C. Byrne

Place of Business,

302 N Bay St

Address,

Dr. Brooke Byrd

M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]